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UTILITY  
PATENT APPLICATION  
TRANSMITTAL

(Only for new nonprovisional applications under 37 CFR 1.53(b))

Attorney Docket No.	1143.41013X00
First Inventor	CHOI, JIN-MYUNG
Title	POLYAMIDE RESIN COMPOSITION AND SYNTHETIC RESIN PRODUCT PREPARED THEREFROM
Express Mail Label No.	

## APPLICATION ELEMENTS

SEE MPEP chapter 600 concerning utility patent application contents.

1. <input checked="" type="checkbox"/> Fee Transmittal Form (e.g., PTO/SB/17) (Submit an original and a duplicate for fee processing)	7. <input type="checkbox"/> CD-ROM or CD-R in duplicate, large table or Computer Program (Appendix)
2. <input type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27.	8. Nucleotide and/or Amino Acid Sequence Submission <i>if applicable, all necessary</i>
3. <input checked="" type="checkbox"/> Specification (preferred arrangement set forth below)  -Descriptive title of the invention -Cross Reference to Related Applications -Statement Regarding Fed sponsored R & D -Reference to sequence listing, a table, or a computer program listing appendix -Background of the Invention -Brief Summary of the Invention -Brief Description of the Drawings (if filed) -Detailed Description -Claim(s) -Abstract of the Disclosure	a. <input type="checkbox"/> Computer Readable Form (CRF) b. Specification Sequence Listing on:  i. <input type="checkbox"/> CD-ROM or CD-R (2 copies); or ii. <input type="checkbox"/> paper  c. <input type="checkbox"/> Statements verifying identity of above copies
4. <input type="checkbox"/> Drawing(s) (35 U.S.C. 113) [Total Pages: _____]	9. <input checked="" type="checkbox"/> Assignment Papers (cover sheet & documents(s))
5. Oath or Declaration a. <input checked="" type="checkbox"/> Newly executed (original or copy) b. <input type="checkbox"/> Copy from a prior application (37 CFR 1.63 (d)) <i>(for continuation/divisional with Box 18 completed)</i>	10. <input type="checkbox"/> 37 CFR 3.73(b) Statement <input checked="" type="checkbox"/> Power of Attorney <i>(when there is an assignee)</i>
i. <input type="checkbox"/> <b>DELETION OF INVENTOR(S)</b> Signed statement attached deleting inventor(s) Named in the prior application, see 37 CFR 1.63(d)(2) and 1.33(b)	11. <input type="checkbox"/> English Translation Document <i>(if applicable)</i>
6. <input type="checkbox"/> Application Data Sheet. See 37 CFR 1.76	12. <input type="checkbox"/> Information Disclosure Statement (IDS)/PTO-1449 <input type="checkbox"/> Copies of IDS Citations
	13. <input checked="" type="checkbox"/> Preliminary Amendment
	14. <input checked="" type="checkbox"/> Return Receipt Postcard (MPEP 503) <i>(Should be specifically itemized)</i>
	15. <input checked="" type="checkbox"/> Certified Copy of Priority Document(s) <i>(if foreign priority is claimed)</i>
	16. <input type="checkbox"/> Nonpublication Request under 35 U.S.C. 122 (b)(2)(B)(i). Applicant must attach form PTO/SB/35 or its equivalent.
	17. <input checked="" type="checkbox"/> Other: <b>CREDIT CARD PAYMENT FORM</b>

18. If a CONTINUING APPLICATION, check appropriate box, and supply the requisite information below and in a preliminary amendment, or in an Application Data Sheet under 37 CFR 1.76.

 Continuation     Divisional     Continuation-in-part (CIP)    of prior application No.: \_\_\_\_\_

Prior application information: Examiner: \_\_\_\_\_ Group Art Unit: \_\_\_\_\_

For CONTINUATION OR DIVISIONAL APPS only: The entire disclosure of the prior application, from which an oath or declaration is supplied under Box 5b, is considered a part of the disclosure of the accompanying continuation or divisional application and is hereby incorporated by reference. The incorporation can only be relied upon when a portion has been inadvertently omitted from the submitted application parts.

## 19. CORRESPONDENCE ADDRESS

<input checked="" type="checkbox"/> Customer Number or Bar Code Label	020457		or <input type="checkbox"/> Correspondence address below	
(Insert Customer No. or Attach bar code label here)				
Name	ANTONELLI, TERRY, STOUT & KRAUS, LLP			
Address				
City		State		Zip Code
Country		Telephone	(703) 312-6600	Fax (703) 312-6666
Name	Registration No. (Attorney/Agent) 28,565			
Signature	Date December 19, 2001			

Burden Hour Statement: This form is estimated to take .2 hours to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Box Patent Application, Washington, DC 20231.

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# FEE TRANSMITTAL for FY 2002

Patent fees are subject to annual revision.

TOTAL AMOUNT OF PAYMENT (\$ 780.00)

## METHOD OF PAYMENT

1.  The Commissioner is hereby authorized to charge indicated fees and credit overpayments to:  
 Deposit Account Number 01-2135  
 Deposit Account Name Antonelli, Terry, Stout & Kraus, LLP  
 Charge Any Additional Fee Required  
 Under 37 CFR 1.16 and 1.17  
 Applicant Claims small entity status.  
 See 37 CFR 1.27

2.  Payment Enclosed: Check  Credit Card  Money Order  Other

## FEE CALCULATION

## 2. BASIC FILING FEE

Large Entity Fee Code (\$)	Small Entity Fee Code (\$)	Fee Description	Fee Paid
101 740	201 370	Utility filing fee	740.00
106 330	206 165	Design filing fee	
107 510	207 255	Plant filing fee	
108 740	208 370	Reissue filing fee	
114 160	214 80	Provisional filing fee	
<b>SUBTOTAL (1)</b>			740.00

## 1. EXTRA CLAIM FEES

Large Entity Fee Code (\$)	Small Entity Fee Code (\$)	Fee from below	Fee Paid
Total Claims 12 -20** = 0		x 0.00	= 0.00
Indep. Claims 1-3** = 0		x 0.00	= 0.00
Multiple Dependent		0.00	= 0.00

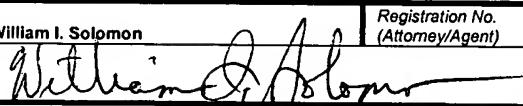
Large Entity Fee Code (\$)	Small Entity Fee Code (\$)	Fee Description
103 18	203 9	Claims in excess of 20
102 84	202 42	Independent claims in excess of 3
104 280	204 140	Multiple dependent claim, if not paid
109 84	209 42	** Reissue independent claims over original patent
110 18	210 9	** Reissue claims in excess of 20 and over original patent
<b>SUBTOTAL (2) \$ 0.00</b>		

\*\*or number previously paid, if greater; For Reissues, see above.

Complete if Known			
Application Number			
Filing Date			December 19, 2001
First Named Inventor			CHOI, JIN-MYUNG
Examiner Name			
Group Art Unit			
Attorney Docket No.			1143.41013X00

FEE CALCULATION (continued)					
Fee Code	Large Entity Fee (\$)	Small Entity Fee (\$)	Fee Description	Fee Paid	
105	130	205	65 Surcharge – late filing fee or oath		
127	50	227	25 Surcharge – late provisional filing fee or cover sheet		
139	130	139	130 Non-English specification		
147	2,520	147	2,520 For filing a request for ex parte reexamination		
112	920*	112	920* Requesting publication of SIR prior to Examination action		
113	1,840*	113	1,840* Requesting publication of SIR after Examiner action		
115	110	215	55 Extension for reply within first month		
116	400	216	200 Extension for reply within second month		
117	920	217	460 Extension for reply within third month		
118	1,440	218	720 Extension for reply within fourth month		
128	1,960	228	980 Extension for reply within fifth month		
119	320	219	160 Notice of Appeal		
120	320	220	160 Filing a brief in support of an appeal		
121	280	221	140 Request for oral hearing		
138	1,510	138	1,510 Petition to institute a public use proceeding		
140	110	240	55 Petition to revive – unavoidable		
141	1,280	241	640 Petition to revive – unintentional		
142	1,280	242	640 Utility issue fee (or reissue)		
143	460	243	230 Design issue fee		
144	620	244	310 Plant issue fee		
122	130	122	130 Petitions to the Commissioner		
123	50	123	50 Processing fee under 37 CFR 1.17(q)		
126	180	126	180 Submission of Information Disclosure Stmt		
581	40	581	40 Recording each patent assignment per property (times number of properties)	40.00	
146	740	246	370 For each additional invention to be examined (37 CFR § 1.129(a))		
149	740	249	370 For each additional invention to be examined (37 CFR § 1.129(b))		
179	740	279	370 Request for Continued Examination (RCE)		
169	900	169	900 Request for expedited examination of a design application		
Other fee (specify) _____					
<b>SUBTOTAL (3) (\$ 40.00)</b>					

\*Reduced by Basic Filing Fee Paid

SUBMITTED BY		Complete (if applicable)		
Name (Print/Type)	William I. Solomon	Registration No. (Attorney/Agent)	28,565	Telephone 703-312-6600
Signature			Date	12/19/2001

WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.

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